

Return of Organization Exempt From Income Tax

2005

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

THE PRENTICE SCHOOL
18341 LASSEN DRIVE
SANTA ANA, CA 92705

D Employer Identification Number: 33-0120257
E Telephone number: 714-538-4511
F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? No
H (b) If 'Yes,' enter number of affiliates
H (c) Are all affiliates included?
H (d) Is this a separate return filed by an organization covered by a group ruling? No
I Group Exemption Number
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: N/A

J Organization type (check only one): 501(c) 3

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 4,131,117.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6a Gross rents... 7 Other investment income... 8a Gross amount from sales of assets... 9 Special events and activities... 10a Gross sales of inventory... 12 Total revenue... 13 Program services... 14 Management and general... 15 Fundraising... 16 Payments to affiliates... 17 Total expenses... 18 Excess or (deficit) for the year... 19 Net assets or fund balances at beginning of year... 20 Other changes in net assets... 21 Net assets or fund balances at end of year.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 4 (cash \$ non-cash \$ 468,255.) If this amount includes foreign grants, check here <input type="checkbox"/>	22 468,255.	468,255.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 105,115.	63,069.	42,046.	0.
26	Other salaries and wages	26 2,130,796.	1,811,177.	319,619.	
27	Pension plan contributions	27 101,098.	91,843.	9,255.	
28	Other employee benefits	28 195,142.	160,016.	35,126.	
29	Payroll taxes	29 179,925.	147,539.	32,386.	
30	Professional fundraising fees	30			
31	Accounting fees	31 21,290.		21,290.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34 7,675.	5,682.	1,993.	
35	Postage and shipping	35			
36	Occupancy	36 203,806.	183,425.	20,381.	
37	Equipment rental and maintenance	37 25,163.	20,634.	4,529.	
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40 66.	66.		
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 173,646.	156,281.	17,365.	
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 5	43a 313,276.	225,995.	69,036.	18,245.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 3,925,253.	3,333,982.	573,026.	18,245.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a TUITION - OPERATION OF SCHOOL

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

3,182,143.

b AUXILIARY ACTIVITIES

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

151,839.

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

3,333,982.

BAA

Form 990 (2005)

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	200.	45	200.
	46 Savings and temporary cash investments	796,823.	46	959,059.
	47 a Accounts receivable	47 a 94,586.		
	b Less. allowance for doubtful accounts	47 b 30,000.	46,354.	47 c 64,586.
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less. allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		67,703.	53 25,108.
	54 Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments – land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b		55 c
	56 Investments – other (attach schedule)		663,268.	56 746,616.
	57 a Land, buildings, and equipment. basis	57 a 6,586,719.		
	b Less accumulated depreciation (attach schedule) STATEMENT 6	57 b 1,034,077.	5,686,141.	57 c 5,552,642.
	58 Other assets (describe ▶ SEE STATEMENT 7)		18,619.	58 11,754.
59 Total assets (must equal line 74) Add lines 45 through 58		7,279,108.	59 7,359,965.	
LIABILITIES	60 Accounts payable and accrued expenses	173,528.	60	240,088.
	61 Grants payable		61	
	62 Deferred revenue	619,574.	62	697,640.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ▶)		65	
	66 Total liabilities. Add lines 60 through 65		793,102.	66 937,728.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	5,849,534.	67	5,572,294.
	68 Temporarily restricted	29,480.	68	159,304.
	69 Permanently restricted	606,992.	69	690,639.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		6,486,006.	73 6,422,237.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,279,108.	74 7,359,965.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	3,441,233.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		66,117.
	2 Donated services and use of facilities	b2		10,726.
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____	b4		
	Add lines b1 through b4		b	76,843.
c	Subtract line b from line a		c	3,364,390.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		589.
	2 Other (specify) _____ SEE STM 8	d2		430,388.
	Add lines d1 and d2		d	430,977.
e	Total revenue (Part I, line 12). Add lines c and d		e	3,795,367.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	3,505,002.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1		10,726.
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____ SEE STMT 9	b4		37,867.
	Add lines b1 through b4		b	48,593.
c	Subtract line b from line a		c	3,456,409.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify) _____ SEE STMT 10	d2		468,844.
	Add lines d1 and d2		d	468,844.
e	Total expenses (Part I, line 17). Add lines c and d		e	3,925,253.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 11		0.	0.	0.

Part VI Other Information (continued)		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under. section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		▶	0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		▶	0.
90a List the states with which a copy of this return is filed ▶ NONE			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b		0
91a The books are in care of ▶ BARBARA J. DOVE, CPA Telephone number ▶ 949-474-1040 Located at ▶ 3080 S. BRISTOL STREET, STE 100, COSTA MESA CA ZIP + 4 ▶ 92626			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶	91b	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements			X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92	N/A	▶ <input type="checkbox"/> N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a AUXILIARY ACTIVITIES					190,761.
b TUITION & FEES					3,308,544.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	39,263.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-29,211.
101 Net income or (loss) from special events					68,119.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				39,263.	3,538,213.
105 Total (add line 104, columns (B), (D), and (E))					3,577,476.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES CHARGED FOR TUITION - MAIN EXEMPT PURPOSE
93B	MISCELLANEOUS AUXILIARY SERVICES (I.E. AFTER SCHOOL CARE, TESTING, TUTORING, SPEECH)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Carol H. Clark Date: 11/14/06

Type or print name and title: Carol H. Clark Executive Director

Paid Preparer's Use Only

Preparer's signature: Barbara J. Dove CPA Date: 11/10/06 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: BARBARA J. DOVE, CPA, ACCOUNTANCY CORPORATION
3080 S BRISTOL ST STE 100
COSTA MESA, CA 92626 EIN: N/A Phone no: (949) 474-1040

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545 0047

2005

Name of the organization

THE PRENTICE SCHOOL

Employer identification number

33-0120257

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9		380,097.	22,805.	0.
Total number of other employees paid over \$50,000	▶ 0			

Part II -- A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II -- B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None'. See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

Part III Statements About Activities (See instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments) SEE STATEMENT 10	X	
b Do you have a section 403(b) annuity plan for your employees?	X	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. **▶** Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	N/A				
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 N/A				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c
d Add: Amounts from column (e) for lines:	18 _____	19 _____			26d
	22 _____	26b _____			26e
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12:	N/A				
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
c Add: Amounts from column (e) for lines:	15 _____	16 _____			27c
	17 _____	20 _____	21 _____		
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.	N/A				

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement) <u>ADVERTISEMENTS CONTAIN THE STATEMENT "QUALIFIED STUDENTS ARE ACCEPTED</u> <u>REGARDLESS OF RACE, CREED OR ETHNIC ORIGIN"</u>	X	
32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to.		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36														
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37														
38 Total lobbying expenditures (add lines 36 and 37)	38														
39 Other exempt purpose expenditures	39														
40 Total exempt purpose expenditures (add lines 38 and 39)	40														
41 Lobbying nontaxable amount. Enter the amount from the following table --															
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is --</td> <td style="width: 50%;">The lobbying nontaxable amount is --</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is --	The lobbying nontaxable amount is --	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41		
If the amount on line 40 is --	The lobbying nontaxable amount is --														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42 Grassroots nontaxable amount (enter 25% of line 41)	42														
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43														
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44														

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4 -Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 119,244.
COST OR OTHER BASIS: 110,588.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 8,656.

OTHER ASSETS

DESCRIPTION:	COMPUTERS & NETWORKING		
DATE ACQUIRED:	6/30/1998		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	7/01/2005		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	3,227.		
DEPRECIATION:	3,227.		
		GAIN (LOSS)	0.

DESCRIPTION:	TEXTBOOKS		
DATE ACQUIRED:	9/30/1997		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	7/01/2005		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	3,796.		
DEPRECIATION:	3,796.		
		GAIN (LOSS)	0.

DESCRIPTION:	TEXTBOOKS		
DATE ACQUIRED:	4/30/1998		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	7/01/2005		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	8,702.		
DEPRECIATION:	8,702.		
		GAIN (LOSS)	0.

DESCRIPTION:	TEXTBOOKS		
DATE ACQUIRED:	4/30/1998		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	7/01/2005		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	3,124.		
DEPRECIATION:	3,124.		
		GAIN (LOSS)	0.

DESCRIPTION:	COMPUTERS/NETWORKING-BUS		
DATE ACQUIRED:	10/27/1999		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	7/01/2005		
TO WHOM SOLD:			
GROSS SALES PRICE:	0.		
COST OR OTHER BASIS:	1,457.		

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STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

DEPRECIATION: 1,457. GAIN (LOSS) 0.

DESCRIPTION: COMPUTERS/NETWORKING
DATE ACQUIRED: 11/19/1999
HOW ACQUIRED: PURCHASE
DATE SOLD: 7/01/2005
TO WHOM SOLD:
GROSS SALES PRICE: 0.
COST OR OTHER BASIS: 1,667.
DEPRECIATION: 1,667.

GAIN (LOSS) 0.

DESCRIPTION: TEXTBOOKS
DATE ACQUIRED: 8/06/1999
HOW ACQUIRED: PURCHASE
DATE SOLD: 7/01/2005
TO WHOM SOLD:
GROSS SALES PRICE: 0.
COST OR OTHER BASIS: 1,005.
DEPRECIATION: 1,005.

GAIN (LOSS) 0.

DESCRIPTION: TEXTBOOKS
DATE ACQUIRED: 8/12/1999
HOW ACQUIRED: PURCHASE
DATE SOLD: 7/01/2005
TO WHOM SOLD:
GROSS SALES PRICE: 0.
COST OR OTHER BASIS: 1,243.
DEPRECIATION: 1,243.

GAIN (LOSS) 0.

DESCRIPTION: TEXTBOOKS
DATE ACQUIRED: 7/21/1999
HOW ACQUIRED: PURCHASE
DATE SOLD: 7/01/2005
TO WHOM SOLD:
GROSS SALES PRICE: 0.
COST OR OTHER BASIS: 2,144.
DEPRECIATION: 2,144.

GAIN (LOSS) 0.

DESCRIPTION: WEBSITE
DATE ACQUIRED: 2/29/2004
HOW ACQUIRED: PURCHASE
DATE SOLD: 12/31/2005
TO WHOM SOLD:
GROSS SALES PRICE: 0.
COST OR OTHER BASIS: 44,200.
DEPRECIATION: 16,207.

GAIN (LOSS) -27,993.

DESCRIPTION: WEB DEVELOPMENT
DATE ACQUIRED: 9/30/2004
HOW ACQUIRED: PURCHASE
DATE SOLD: 12/31/2005

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STATEMENT 1 (CONTINUED)
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

TO WHOM SOLD:
GROSS SALES PRICE: 0.
COST OR OTHER BASIS: 13,166.
DEPRECIATION: 3,292.

GAIN (LOSS) -9,874.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -37,867.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -29,211.

STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
FUNDRAISING EVENT	337,334.	81,920.	255,414.	187,295.	68,119.
TOTAL	<u>\$ 337,334.</u>	<u>\$ 81,920.</u>	<u>\$ 255,414.</u>	<u>\$ 187,295.</u>	<u>\$ 68,119.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TOTAL \$ 66,117.
TOTAL \$ 66,117.

STATEMENT 4
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME: ALLEN, DANIEL
DONEE'S ADDRESS: 1430 WYCLIFFE
IRVINE, CA 92602
RELATIONSHIP OF DONEE: NONE
FAIR MARKET VALUE: \$ 5,147.

DONEE'S NAME: ANTICOUNI, GARRETT
DONEE'S ADDRESS: 11422 FREDRICK STREET
GARDEN GROVE, CA 92840
RELATIONSHIP OF DONEE: NONE
FAIR MARKET VALUE: 10,000.

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	CHIDUEME, JENNIFER	
DONEE'S ADDRESS:	12459 COOL SPRING ST	
	MIRA LOMA, CA 91752	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		\$ 9,500.
DONEE'S NAME:	DECKERT, MACKENZIE	
DONEE'S ADDRESS:	264 S. WAVERLY STREET	
	ORANGE, CA 92866	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,000.
DONEE'S NAME:	DIX, MATTHEW	
DONEE'S ADDRESS:	24371 ARDISA	
	MISSION VIEJO, CA 92692	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		9,250.
DONEE'S NAME:	GONZALEZ, ANDREA	
DONEE'S ADDRESS:	13439 PEYTON DRIVE #225	
	CHINO HILLS, CA 91709	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		6,500.
DONEE'S NAME:	GOUGH, REBECCA	
DONEE'S ADDRESS:	24912 HIDDEN HILLLS RD #E	
	LAGUNA NIGUEL, CA 92692	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,000.
DONEE'S NAME:	HARDIN, EBONI	
DONEE'S ADDRESS:	400 S. FLOWER STREET, #157	
	ORANGE, CA 92868	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,500.
DONEE'S NAME:	KLOEPFER, CODY	
DONEE'S ADDRESS:	6821 VIA IRANA	
	STANTON, CA 90680	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		9,000.
DONEE'S NAME:	KLOEPFER, JENNIFER	
DONEE'S ADDRESS:	6821 VIA IRANA	
	STANTON, CA 90680	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		11,500.

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	MERCER, AMANDA	
DONEE'S ADDRESS:	20540 VIA TALAVERA YORBA LINDA, CA 92887	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		\$ 6,000.
DONEE'S NAME:	MUNOZ, GEORGE	
DONEE'S ADDRESS:	7834 LA MONA CIRCLE BUENA PARK, CA 90620	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		15,500.
DONEE'S NAME:	MURPHY, EVAN	
DONEE'S ADDRESS:	819 N. ROANNE STREET ANAHEIM, CA 92801	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		6,000.
DONEE'S NAME:	O'CONNOR, JOSHUA	
DONEE'S ADDRESS:	20292 RIVERSIDE DRIVE SANTA ANA HEIGHTS, CA 92707	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		8,800.
DONEE'S NAME:	TRINOCO, LUCINO	
DONEE'S ADDRESS:	315 S. NEW HOPE ST #238 SANTA ANA, CA 92704	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		948.
DONEE'S NAME:	WALSTEAD, LEVI	
DONEE'S ADDRESS:	1319 E. PALM AVENUE ORANGE, CA 92866	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		4,277.
DONEE'S NAME:	BEZZINA, ASHLEY	
DONEE'S ADDRESS:	6882 MARILYN DRIVE HUNTINGTON BEACH, CA 92646	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		9,000.
DONEE'S NAME:	CHIDUEME, KIMBERLY	
DONEE'S ADDRESS:	12459 COOL SPRING ST MIRA LOMA, CA 91752	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,500.

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	HARTGER, AUSTIN	
DONEE'S ADDRESS:	4686 PINECREST CIRCLE	
	HUNTINGTON BEACH, CA 92649	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		\$ 11,000.
DONEE'S NAME:	KOESTER, TATIANA	
DONEE'S ADDRESS:	13402 CHARLOMA DRIVE	
	TUSTIN, CA 92780	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		3,500.
DONEE'S NAME:	MANQUEROS, JACOB	
DONEE'S ADDRESS:	2117 N. VICTORIA DRIVE	
	SANTA ANA, CA 92706	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		8,000.
DONEE'S NAME:	MANZO, DRAKE	
DONEE'S ADDRESS:	2136 CHARLEMAGNE AVE.	
	LONG BEACH, CA 90815	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,000.
DONEE'S NAME:	NORTON, ERIN	
DONEE'S ADDRESS:	12680 BRIARGLEN LOOP A	
	STANTON, CA 90680	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		12,000.
DONEE'S NAME:	OCHOA, ANDREW	
DONEE'S ADDRESS:	17304 SANTA MARIA ST.	
	FOUNTAIN VALLEY, CA 92708	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		11,000.
DONEE'S NAME:	OCHOA, ROBBY	
DONEE'S ADDRESS:	17304 SANTA MARIA ST.	
	FOUNTAIN VALLEY, CA 92708	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		12,000.
DONEE'S NAME:	REID, BLAKE	
DONEE'S ADDRESS:	5 GIOVANNI	
	ALISO VIEJO, CA 92656	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		8,000.

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	AKYUZ, JAMES	
DONEE'S ADDRESS:	515 S. ABERDEEN ANAHEIM, CA 92807	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		\$ 2,500.
DONEE'S NAME:	ALCANTAR, KHRISTIAN	
DONEE'S ADDRESS:	1100 IRVINE BLVD. #438 TUSTIN, CA 92780	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,000.
DONEE'S NAME:	BISHOP, LUKE	
DONEE'S ADDRESS:	18 DAYBREAK LANE RANCHO SANTA MARGARI, CA 92688	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		4,492.
DONEE'S NAME:	BOUSE, SAMANTHA	
DONEE'S ADDRESS:	13165 BRIAR ST. CORONA, CA 92880	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		6,000.
DONEE'S NAME:	CURRIE, DAVID	
DONEE'S ADDRESS:	5926 E. HADRIANS ANAHEIM, CA 92807	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,000.
DONEE'S NAME:	GREEN, WYMAN	
DONEE'S ADDRESS:	6647 LOGAN AVE FONTANA, CA 92336	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,000.
DONEE'S NAME:	GROESCHEL, ROXANNE	
DONEE'S ADDRESS:	124 N. TUSTIN AVE #C2 ANAHEIM, CA 92807	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		11,000.
DONEE'S NAME:	HADDEN, DONALD	
DONEE'S ADDRESS:	17658 WARWICK CIRCLE FOUNTAIN VALLEY, CA 92708	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		4,000.

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	HERNANDEZ, BREANNA	
DONEE'S ADDRESS:	2134 N. CANDIS AVE. SANTA ANA, CA 92706	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		\$ 3,047.
DONEE'S NAME:	HERNANDEZ, ISABELLA	
DONEE'S ADDRESS:	2134 N. CANDIS AVE. SANTA ANA, CA 92706	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		8,644.
DONEE'S NAME:	HINAJOZA, LYRIC	
DONEE'S ADDRESS:	14391 GALY STREET TUSTIN, CA 92780	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		12,500.
DONEE'S NAME:	JOSLIN, SARAH	
DONEE'S ADDRESS:	11472 NEWPORT AVE. SANTA ANA, CA 92705	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		12,500.
DONEE'S NAME:	KEENEY, BREANNA	
DONEE'S ADDRESS:	27191 NEDA MISSION VIEJO, CA 92692	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,500.
DONEE'S NAME:	KONTRIMAS, NICK	
DONEE'S ADDRESS:	26852 AVE. DOMINGO MISSION VIEJO, CA 92691	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		5,000.
DONEE'S NAME:	KRAJESKI, STEPHEN	
DONEE'S ADDRESS:	26415 TWEED LAKE FOREST, CA 92630	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		6,600.
DONEE'S NAME:	LOMAX, TONI	
DONEE'S ADDRESS:	1011 REDWOOD CT. CORONA, CA 92879	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		12,000.

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	MORGAN, SAVANNAH	
DONEE'S ADDRESS:	835 N. LINCOLN ST. ORANGE, CA 92867	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		\$ 12,500.
DONEE'S NAME:	O'CONNOR, JACOB	
DONEE'S ADDRESS:	20292 RIVERSIDE DRIVE SANTA ANA HEIGHTS, CA 92707	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		9,800.
DONEE'S NAME:	ONDERDONK, JOHANN	
DONEE'S ADDRESS:	937 LAS PALMAS IRVINE, CA 92602	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		11,250.
DONEE'S NAME:	ORTIZ, KATALINA	
DONEE'S ADDRESS:	19841 CLAREMONT LANE HUNTINGTON BEACH, CA 92646	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		14,500.
DONEE'S NAME:	PIERCE, NICOLE	
DONEE'S ADDRESS:	2141 GREENLEAF STREET SANTA ANA, CA 92706	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		7,500.
DONEE'S NAME:	PONTIUS, CAMERON	
DONEE'S ADDRESS:	13165 BRIAR ST. CORONA, CA 92880	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		7,000.
DONEE'S NAME:	ROSTER, MYRANDA	
DONEE'S ADDRESS:	8206 POINTSETTIA BUENA PARK, CA 90621	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		13,500.
DONEE'S NAME:	RUBENSTEIN, JASMINE	
DONEE'S ADDRESS:	345 CHERRY TREE LANE NEWPORT BEACH, CA 92660	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		4,000.

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STATEMENT 4 (CONTINUED)
FORM 990, PART II, LINE 22
GRANTS AND ALLOCATIONS

NONCASH GRANTS AND ALLOCATIONS

DONEE'S NAME:	RUMMEL, RHYANNNA	
DONEE'S ADDRESS:	18804 WEATHER RD. COVINA, CA 91722	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		\$ 14,000.
DONEE'S NAME:	SCHLICHT, LILY	
DONEE'S ADDRESS:	23068 VIA PIMIENTO MISSION VIEJO, CA 92691	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		7,000.
DONEE'S NAME:	SIEGLER, PAUL	
DONEE'S ADDRESS:	626 WOODLAND ST. ORANGE, CA 92869	
RELATIONSHIP OF DONEE:	NONE	
FAIR MARKET VALUE:		10,500.
TOTAL GRANTS AND ALLOCATIONS		<u>\$ 468,255.</u>

STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	33,647.		33,647.	
BAD DEBTS	29,181.	29,181.		
BOARD MEETING EXPENSE	4,859.		4,859.	
CLASSROOM EQUIP. UNDER \$1000	684.	684.		
CURRICULUM EXPENSES	60,030.	60,030.		
DEVELOPMENT EXPENSES	18,245.			18,245.
EDUCATION	4,003.	4,003.		
INSURANCE	35,661.	32,095.	3,566.	
INVESTMENT EXPENSES	589.		589.	
LIBRARY BOOKS	1,766.	1,766.		
LICENSES, FEES, MEMBERSHIPS	4,593.	3,675.	918.	
MISCELLANEOUS EXPENSE	11,630.	5,815.	5,815.	
OFFICE EXPENSE AND SUPPLIES	69,911.	52,433.	17,478.	
PENSION PLAN ADMINISTRATION	4,760.	3,808.	952.	
PROFESSIONAL DUES	1,212.		1,212.	
TUITION REMISSION	32,505.	32,505.		
TOTAL	<u>\$ 313,276.</u>	<u>\$ 225,995.</u>	<u>\$ 69,036.</u>	<u>\$ 18,245.</u>

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**STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 38,748.	\$ 28,991.	\$ 9,757.
MACHINERY AND EQUIPMENT	424,138.	340,831.	83,307.
BUILDINGS	2,616,276.	413,699.	2,202,577.
IMPROVEMENTS	632,429.	210,282.	422,147.
LAND	2,806,810.		2,806,810.
MISCELLANEOUS	68,318.	40,274.	28,044.
TOTAL	<u>\$ 6,586,719.</u>	<u>\$ 1,034,077.</u>	<u>\$ 5,552,642.</u>

**STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS**

DEPOSITS	\$ 11,752.
ROUNDING	2.
TOTAL	<u>\$ 11,754.</u>

**STATEMENT 8
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS**

ADJ FOR SCHOLARSHIPS	\$ 468,255.
AMOUNT OF LOSS ON ABANDONMENT OF ASSETS	-37,867.
TOTAL	<u>\$ 430,388.</u>

**STATEMENT 9
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS**

LOSS ON ABANDONMENT OF ASSETS	\$ 37,867.
TOTAL	<u>\$ 37,867.</u>

**STATEMENT 10
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS**

ADJ. FOR SCHOLARSHIPS	\$ 468,255.
INVESTMENT EXPENSES NETTED	589.
TOTAL	<u>\$ 468,844.</u>

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STATEMENT 11
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
SHIRLEY WENTZEL 1 MACARTHUR PLACE, #110 SANTA ANA, CA 92707	TRUSTEE 0	\$ 0.	\$ 0.	\$ 0.
DAN CLARK 1661 ALTON PARKWAY IRVINE, CA 92606-4877	PRESIDENT 0	0.	0.	0.
DAVID N. DAVIDSON 3857 BIRCH STREET, SUITE 315 NEWPORT BEACH, CA 92660	SECRETARY 0	0.	0.	0.
LYNN R. DAVIS 1100 IRVINE BLVD, #31 TUSTIN, CA 92780	VICE PRESIDENT 0	0.	0.	0.
BARBARA J. DOVE, CPA 19700 FAIRCHILD ROAD, STE 300 IRVINE, CA 92612	TREASURER 0	0.	0.	0.
SHARON ETTINGER-MCLAUGHLIN #7 ALTAZANO SANTA FE, NM 87505	TRUSTEE 0	0.	0.	0.
HARRIET A. HARRIS 315 W. THIRD STREET SANTA ANA, CA 92701	TRUSTEE 0	0.	0.	0.
WILLARD HARRIS 315 W. THIRD STREET SANTA ANA, CA 92701	TRUSTEE 0	0.	0.	0.
SUSAN C. KONIER 20541 AMAPOLA AVENUE ORANGE, CA 92869	TRUSTEE 0	0.	0.	0.
DON MCLAUGHLIN #7 ALTAZANO SANTA FE, NM 87505	TRUSTEE 0	0.	0.	0.
CAMERON M. SMITH, JR. 19100 VON KARMAN, #400 IRVINE, CA 92612	TRUSTEE 0	0.	0.	0.
PATRICIA SPROULE 14 BRENA IRVINE, CA 92620	TRUSTEE 0	0.	0.	0.

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STATEMENT 11 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JASON WEISS, ESQ. 1900 MAIN STREET, 5TH FLOOR IRVINE, CA 92614	SECRETARY 0	\$ 0.	\$ 0.	\$ 0.
RALPH EMERSON 4100 NEWPORT PLACE #730 NEWPORT BEACH, CA 92660	TRUSTEE 0	0.	0.	0.
JOE GOEBEL 20472 CRESCENT BAY #104 LAKE FOREST, CA 92630	TRUSTEE 0	0.	0.	0.
JOHN MICHLER 1470 JAMBOREE ROAD, #200 NEWPORT BEACH, CA 92660	TRUSTEE 0	0.	0.	0.
BRIAN SULLIVAN 33765 MAGELLAN ISLE DANA POINT, CA 92629	TRUSTEE 0	0.	0.	0.
BONNIE L. SIMON, PHD 526 CATALINA DRIVE NEWPORT BEACH, CA 92663	TRUSTEE 0	0.	0.	0.
DENNIS SIMON 526 CATALINA DRIVE NEWPORT BEACH, CA 92663	TRUSTEE 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 12
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
CAROL CLARK 12512 BRIGHTON TUSTIN, CA 92780	EXECUTIVE DIREC 40	105,115.	6,307.	0.
LILLIE OTTE P. O. BOX 28927 SANTA ANA, CA	CONTROLLER 40	74,090.	4,445.	0.
KAREN LERNER 4 OWEN COURT IRVINE, CA	PRIN JR HIGH 0	69,500.	4,170.	0.
SHARON BAMBARD JACBOS 31885 HILLSIDE LANE LAGUNA BEACH, CA	LEARNING SPEC 0	67,137.	4,028.	0.

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**STATEMENT 12 (CONTINUED)
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES**

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUTIO EBP & DC	EXPENSE ACCOUNT
HAROLD E. SELMAN 18341 LASSEN ST SANTA ANA, CA 92705	LEARNING SPEC 0	64,255.	3,855.	0.
		TOTAL \$ 380,097.	\$ 22,805.	\$ 0.

**STATEMENT 13
SCHEDULE A, PART III, LINE 3
QUALIFICATIONS OF RECIPIENTS RECEIVING GRANTS OR LOANS**

THE PRENTICE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, RELIGION, NATIONAL ORIGIN OF ANCESTRY IN REGARD TO ITS EDUCATION AND ADMISSION POLICIES OR IN AWARDED OF FINANCIAL AID. SCHOLARSHIPS ARE AWARDED STRICTLY ON THE BASIS OF FINANCIAL AND ACADEMIC NEED.

1. PARENTS REQUEST FINANCIAL AID BY SUBMITTING THEIR FEDERAL INCOME TAX FORMS, AND THEIR STATEMENT OF WILLINGNESS TO VOLUNTEER TIME TO THE PROGRAM AT THE PRENTICE SCHOOL. ALTERNATIVE TYPES OF VOLUNTEER ACTIVITIES ARE AVAILABLE TO ASSIST PARENTS IN COPING WITH WORK SCHEDULES, ETC.

2. PRENTICE SUPPLIES PARENTS THE FINANCIAL EVALUATION FORMS. FINANCIAL INFORMATION IS SUBMITTED DIRECTLY TO THE SCHOOL & STUDENT SERVICE FOR FINANCIAL AID WHO REVIEW THE FINANCIAL STATEMENTS AND MAKES THEIR RECOMMENDATIONS AS TO FINANCIAL NEED.

3. THIS INFORMATION IS THEN COMBINED WITH THE INFORMATION IN REGARD TO EDUCATIONAL NEEDS AND THE AVAILABILITY OF FUNDS. THIS SUMMARY IS PRESENTED TO THE SCHOLARSHIP COMMITTEE FOR ALLOCATION OF FUNDS. SUPPORTING MATERIALS SUCH AS LETTERS, SSSFA FORMS, ETC. ARE MADE AVAILABLE AT THE SCHOLARSHIP MEETING FOR REVIEW BY COMMITTEE MEMBERS.

4. AT THE DIRECTION OF THE SCHOLARSHIP COMMITTEE, AWARD/DENIAL LETTER IS SENT TO PARENTS OF APPLICANT STUDENTS.